Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Harlowton H S					Wheatland		0946
Is this contract shar  ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying fo	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attaction isoLATION: Section	h explanation	) A, provides for	increased rein	mbursement	Student Name	301001	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t		sportation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	y □ 2nd Semester Onl	y    Both Semesters
Colleen Wruck Physical Address (s	street address	only):			Pre-kindergarten/Kin ☐ 1st Semester Only	dergarten y     □  2nd Semester Onl	y
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L	HS 14.5 e to nearest bu HS 13.5 ne-way only	us stop, if any	y (one way)	is contract.  9-12 Total	To or from School Kindergarten child To or from Bus Stop To or from School  Deadlines: PARENTS: Due to S	times per day, _ rides <u>without</u> other scho times per day, times per day, _	days per week days per week days per week
Spec. Ed. Trans					COUNTY SUPERING copy for your files.	FENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.						REIMBURSEMENT RA district, county and OPI mbursement rate is deterr 20-10-142, MCA.	use only)
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall p past semester. be computed on the terminate at the el	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid d e sum officially a chedule establist year or when the	o and from the school only when transportatic approved in the applicated and in Section 20-10-1 student(s) is no longe	, and school district (or ter referred to as the District or bus stop on the days when school on for the distance reported on the cotion upon certification by the teacher 42, MCA, and the information accomer enrolled in school, whichever occur	is in session. The parent or guard intract actually occurs. or principal of the school of the nu panying this contract.	mber of days the student(s) was
Elementary School		,	ard of Truste				Date
High School District Harlowton H S	t 	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and corre	ect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		_		ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u>'</u>	Legal Entity
High School or K-12 D	istrict Responsit	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Harlowton H S						Wheatland		0946
Is this contract shar  ☐ yes ☐ no	ed between el	lementary an	d high scho	ol?				
Are you applying fo			□ No		Stud	dent Name	School	Grade
(If yes, please attaction ISOLATION: Section	20-10-142, MCA	A, provides for					00.1001	5.445
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	pproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and to	eased payment	due to isolation sportation Com	n has been ap mittee.	pproved by the	Stud	dent Name	School	Grade
Elem District Approval		□ no	tials		Stud	dent Name	School	Grade
HS District Approval County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y    Both Semesters
David Carlson Physical Address (s	treet address	only):				-kindergarten/Kinder		= D # 0
1 Hysical Address (s	audicos	Offig).				·	☐ 2nd Semester Only	y   Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for o Students in Each Grade L	HS <b>21</b> e to nearest bu HS <b>14</b> ne-way only	us stop, if any	(one way)	is contract.  9-12 Total	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho	times per day, times per day, times per day, es without other scho times per day, times per day, times per day, tool Clerk June 1.	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Regular Trans					files			0511 40
Spec. Ed. Trans						y for your files.	IDEN 15: Send origina	ıl to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by
insured driver will to 2. In March and June transported for the 3. The payment shall	ws: ensport or provide transport the studer, the District shall p past semester. be computed on the	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid of e sum officially a hedule establisl	County, hereinaf o and from the school only when transportati approved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
High School District	t .	Chair, Boa	rd of Truste	es				Date
Harlowton H S					informer!	io teno and a		
Signature - Parent or	Guardian		ı attes	t triat the above i	information	is true and correct.	Date	
	w.w.!						l	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		_		ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Con	tract		County		Legal Entity
Harlowton H S						Wheatland		0946
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?				
Are you applying fo (If yes, please attaction) ISOLATION: Section	h explanation)	)	□ No	mbursoment	Stu	dent Name	School	Grade
rates for special circur increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residend ces must be revision community	ce. In order t viewed and ap mittee, and th	to receive pproved by the	Stu	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Stu	dent Name	School	Grade
Elem District Approval HS District Approval		□ no	ials 			dent Name	School	Grade
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
	•	e i iiit)			□ 1	st Semester Only	□ 2nd Semester Only	y   Both Semesters
Kathy VanCam	oen treet address	only):				-kindergarten/Kinder st Semester Only	garten □ 2nd Semester Onl	y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 13.4 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract.  9-12 Total	Kin To a Kin To a To a PAI files	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files.  REA  REA  REA  REA  REA  REA  REA  RE	times per day,times per day,tool Clerk June 1.	days per week da
insured driver will to the form of the stransported for the stransported	ws: ansport or provide I ransport the studer , the District shall p past semester. be computed on the terminate at the er District	transportation for ints. Mileage cont pay the parent the me basis of the school year Chair, Boa	the student(s) t rracts are valid of sum officially a hedule establish ear or when the rd of Truste	County, hereinaf to and from the school only when transportation approved in the application and in Section 20-10-1 astudent(s) is no longer	or bus stop or on for the distation upon cert	ince reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was
High School District Harlowton H S	: 	Chair, Boa	rd of Truste	ees				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity			
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity			
Harlowton H S					Wheatland		0946			
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?						
Are you applying for (If yes, please attac	h explanation)	)	□ No		Student Name	School	Grade			
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade			
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade			
Elem District Approval HS District Approval	□ yes		tials		Student Name	School	Grade			
County Approval	□ yes	□ no			THIS CONTRACT IS FO	OR:				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly   Both Semesters			
Leah Cooney Physical Address (s	treet address	only).			Pre-kindergarten/Kinder		h			
1 Hysical / Idal coo (c	ni cet addi ess	Omy).			<ul><li>1st Semester Only</li><li>KINDERGARTEN/PRE</li></ul>		ly   Both Semesters			
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>15.5</b>	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week			
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week			
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your			
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a			
Spec. Ed. Trans					copy for your files.					
Room & Board						EIMBURSEMENT R trict, county and OPI				
Correspondence						·				
Reg. Contingency					Reimb	ursement rate is deter	mined by			
Spec. Ed. Contin.						20-10-142, MCA.				
		<u> </u>								
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,			
(county name) The parties agree as follow	ws.			County, hereina	fter referred to as the District(s)					
The parent shall tra insured driver will tra	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportat	I or bus stop on the days when school is in ion for the distance reported on the contra	ct actually occurs.				
transported for the	past semester.		•		ation upon certification by the teacher or p	•	umber of days the student(s) was			
<ol><li>This contract shall</li></ol>	terminate at the er	nd of the school y		student(s) is no long	142, MCA, and the information accompan er enrolled in school, whichever occurs fin		Data			
Elementary School High School District		,	ard of Truste				Date Date			
Harlowton H S					information in to					
Signature - Parent or	Guardian		I attes	t that the above	information is true and correct.	Date				
orginature - Fareill Of	Juai uiaii					Date				

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

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Co	nt	ro	<b>^</b> +	-

	3ox 202501 na, MT 59620	)-2501			ue to School Cle				
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	Cour	nty		Legal Entity	
Harlowton H S					Wh	eatland		0946	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attact ISOLATION: Section	h explanation) 20-10-142, MCA	) A, provides for	□ No	mbursement	Student N	lame	School	Gr	rade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	pproved by the	Student N		School		rade
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Student N	lame	School	Gr	ade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student N	lame	School	Gr	ade
County Approval		no				NTRACT IS FO	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sei	mester Only	□ 2nd Semester On	ly   Both Semesters	s
Melody K. White					Pre-kinde	rgarten/Kinder	garten		
Physical Address (s	treet address	only):			☐ 1st Sei	mester Only	□ 2nd Semester On	ly   Both Semesters	S
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>25</b>	`			Kinderga by this co To or fron To or fron Kinderga To or fron	rten child ride contract:  n Bus Stop n School rten child ride n Bus Stop	times per day, times per day, times per day, s without other scho	days per we days per we days per we days per we col-age students:  days per we days per we days per we	eek eek eek
□ Contract is for o	, ,							aayo po:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Students in Each Grade L					<u>Deadlin</u> PARENTS		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS:	: Send origina	I to County Supt by Ju	ly 1, retain a copy for yo	our
Regular Trans						SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, ret	tain a
Spec. Ed. Trans					copy for y				
Room & Board							EIMBURSEMENT R rict, county and OP		
Correspondence									
Reg. Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement betweer	n parent (parei	nt name)			, and scho	ool district (dist	rict name)		
insured driver will t	ansport or provide transport the stude	nts. Mileage con	the student(s) t	o and from the school	ion for the distance rep	s when school is ir orted on the contra	session. The parent or guar	dian assures that a licensed an	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	hedule establish	hed in Section 20-10-	142, MCA, and the info	rmation accompan	ying this contract.	. , ,	
4. This contract shall Elementary School			rear or when the ard of Truste		er enrolled in school, w	hichever occurs fire	st.	Date	
High School District		Chair, Boa	ard of Truste	ees				Date	
		<u> </u>	I attes	t that the above	information is tru	e and correct.		<u>'</u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2004- 200 e to School Clerk Jun		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Harlowton H S					Wheatlar	nd	0946
Is this contract shar  ☐ yes ☐ no	red between el	ementary ar	nd high scho	ol?	<u>'</u>		
Are you applying fo	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attaction isoLATION: Section	ch explanation) 20-10-142, MCA	A, provides for	increased rei	mbursement	Student Name	School	Orace
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t		sportation Com	nmittee.	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				Only	ly Doth Semesters
Robert J. Coone Physical Address (s		only):			Pre-kindergarten	/Kindergarten Only □ 2nd Semester On	ly □ Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L	HS 18 e to nearest bu HS 17 nne-way only	us stop, if an	y (one way)	is contract.	To or from School Kindergarten ch To or from Bus S To or from School Deadlines:	times per day, times per day, times per day, ild rides without other scho top times per day, times per day, times per day, to School Clerk June 1.	days per week
Describer Trans	Total	Total	Total	Total	<b>CLERKS:</b> Send files.	original to County Supt by Ju	lly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans					COUNTY SUPER	RINTENDENTS: Send origin s.	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R	
Correspondence					(F	or district, county and OP	i use only)
Reg. Contingency Spec. Ed. Contin.						Reimbursement rate is deter 20-10-142, MCA.	mined by
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall per past semester.	transportation for ints. Mileage cor pay the parent the	r the student(s) to tracts are valid e sum officially a	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the Discor bus stop on the days when so on for the distance reported on the	chool is in session. The parent or guar he contract actually occurs, icher or principal of the school of the ni ecompanying this contract.	
Elementary School			ard of Truste				Date
High School District Harlowton H S	t	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	nformation is true and c		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Respo	nsible for Re	imbursing the	Contract		County		Legal Entity
High School or K-12 District	ct Responsib	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Harlowton H S					Wheatland		0946
Is this contract shared ☐ yes ☐ no	between el	ementary an	nd high scho	ol?			
Are you applying for iso (If yes, please attach ex	xplanation)		□ No		Student Name	School	Grade
ISOLATION: Section 20- rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isola circumstanc county trans	tion of resider ses must be re sportation com	nce. In order to viewed and apprint the mittee, and the mittee, and mittee, and m	to receive pproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the C	ed payment o	due to isolatio	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	yes [	Ini □ no	itials		Student Name	School	Grade
		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian Na	me: (Please	e Print)			Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Onl	y    Both Semesters
Robin Lammers					Pre-kindergarten/Kind	ergarten	
Physical Address (stree	et address (	only):			☐ 1st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Distance from home to Elementary 0  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level	HS <b>0</b> nearest bu HS <b>10</b> way only	s stop, if any	y (one way)	is contract.	by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day,times per day,times per day,des without other schotimes per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
	Total	Total	Total	Total		nal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.	NDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		The of F by duly 10, retain a
Room & Board					F	REIMBURSEMENT RA strict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reim	bursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement between pa	rent (parer	nt name)			, and school district (di	strict name)	,
insured driver will trans 2. In March and June, the transported for the past 3. The payment shall be of	port the studer District shall p semester. computed on th	nts. Mileage con ay the parent the	r the student(s) to htracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic hed in Section 20-10-	fter referred to as the District(standard or bus stop on the days when school is ion for the distance reported on the containon upon certification by the teacher of the days, and the information accomparer enrolled in school, whichever occurs	in session. The parent or guard ract actually occurs. r principal of the school of the nul anying this contract.	
Elementary School Dis			ard of Truste				Date
High School District Harlowton H S		Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above	information is true and correct	t.	
Signature - Parent or Gu	ardian					Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due f	to School Clerk June 1					
Elementary District Responsible for Re	imbursing the Contract		County	<u> </u>	Legal Entity			
Harlowton Elem			Wheatland		0945			
High School or K-12 District Responsib	ole for Reimbursing the Con	tract	County		Legal Entity			
Is this contract shared between el □ yes □ no	ementary and high scho	ol?						
Are you applying for isolation state			Student Name	School	Grade			
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	Ota Gont Hamo	3333.	3.443			
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order to ses must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade			
HS District Approval ☐ yes	Initials no		Student Name	School	Grade			
	no		THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only ☐	2nd Semester Only	□ Both Semesters			
Deidre Dietrich Physical Address (street address	only):		Pre-kindergarten/Kinderga		□ Both Semesters			
Distance from home to nearest so Elementary 27 HS 0  Distance from home to nearest but Elementary 11 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	is stop, if any (one way)	is contract.  9-12 Total	(For distric	times per day, times per day, times per day, without other schoo times per day, l Clerk June 1.	days per week days per week ol-age students: days per week days per week days per week  1, retain a copy for your to OPI by July 10, retain a			
insured driver will transport the studer  In March and June, the District shall part transported for the past semester.  The payment shall be computed on the	ransportation for the student(s) tats. Mileage contracts are valid ay the parent the sum officially as the basis of the schedule establish	County, hereinafter o and from the school or to only when transportation fapproved in the application the din Section 20-10-142, estudent(s) is no longer elements.	, and school district (district referred to as the District(s).  Dus stop on the days when school is in server the distance reported on the contract and upon certification by the teacher or prince MCA, and the information accompanying annolled in school, whichever occurs first.	ssion. The parent or guardia ctually occurs. cipal of the school of the num	an assures that a licensed and			
High School District	Chair, Board of Truste	es			Date			
	I attes	t that the above info	ormation is true and correct.					
Signature - Parent or Guardian				Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Dι	ue to Schoo	l Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity	
Harlowton Elem						Wheatland		0945	
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	•			•	
Are you applying for			□ No		Stud	ent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement		on raino	Comoon	0.000	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ses must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive oproved by the	Stud	ent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval	□ yes	Ini □ no	itials		Stud	ent Name	School	Grade	
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 It Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Jennifer K. Soer	nichsen				Pre-kindergarten/Kindergarten				
Physical Address (st	reet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home Elementary 13  Distance from home Elementary 12  Contract is for or Students in Each Grade Leader Trans  Regular Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	to nearest so HS 0 to nearest bu HS 0	hool (one wa	y (one way)	s contract.  9-12 Total	KINE Kind by th To of To of To of To of PAR CLE files.	PERGARTEN/PREPERSON AND ADDRESS OF THE PROPERSON ADDRESS OF THE PROPERSON AND ADDRESS OF THE PROPERSON AND ADDRESS OF THE PROPERSON ADD	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week	
insured driver will tr 2. In March and June, transported for the   3. The payment shall   4. This contract shall to	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the er	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinal of and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no longer	fter referred  I or bus stop on the distantation upon certification upon the distantation upon the distantatio	ce reported on the contract	session. The parent or guardi t actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and inber of days the student(s) was	
Elementary School District Chair, Board of Trustees Harlowton Elem									
High School District		Chair, Boa	ard of Truste	es 				Date	
			I attes	that the above	information	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Respo	onsible for Re	imbursing the	Contract			County		Legal Entity	_
Harlowton Elem						Wheatland		0945	
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract shared  ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?					_
Are you applying for is			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach e ISOLATION: Section 20-	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Otac	ient Name	CCHOOL	Grade	
rates for special circumst- increased rates, individual trustees of the district, the Public Instruction. (10.7.1	ances of isolated in circumstance county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stuc	lent Name	School	Grade	
Check here only if increase District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval	□ yes □		itials			lent Name	School	Grade	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian Na	ame: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Ross W. Miller Physical Address (stre	eet address o	only):				kindergarten/Kinderg st Semester Only		y □ Both Semesters	
Distance from home to Elementary 16.5  Distance from home to Elementary 15.5  Contract is for one Students in Each Grade Leve  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS <b>0</b> nearest bu HS <b>0</b> -way only	s stop, if an	y (one way)  De covered by thi  1-8  Total	9-12 Total	CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: EENTS: Due to Scho RKS: Send original of for your files.  RE	times per day, times	days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
insured driver will tran  2. In March and June, the transported for the par  3. The payment shall be 4. This contract shall ten  Elementary School Dis	port or provide tr sport the studen e District shall pr st semester. computed on the minate at the en	ransportation for tts. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista tition upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and inber of days the student(s) was	
Harlowton Elem High School District		Chair. Boa	ard of Trustee	es				Date	
		, = 30							
0'			I attest	that the above i	information	is true and correct.			_
Signature - Parent or G	uardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Helena	a, MT 59620	-2501		Du	Oue to School Clerk June 1					
Elementary District Res	ponsible for Re	imbursing the	Contract		County Legal Entity					
Harlowton Elem						Wheatland		0945		
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Harlowton H S						Wheatland		0946		
Is this contract share  ☐ yes ☐ no	d between ele	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142 MCA	provides for	increased rein	nbursement	Otac	ioni rame	Corloci	Grade		
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola lal circumstanc ne county trans	tion of resident es must be re- portation com-	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incre	ased payment	due to isolation	n has been ap	proved by the	Stud	dent Name	School	Grade		
District Trustees and the	County Trans		mittee. tials		Ctur	dent Name	School	Grade		
Elem District Approval HS District Approval		no no								
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	R:			
Parent or Guardian N	lame: (Please	e Print)					□ 2nd Semester Only	□ Both Semesters		
Susan Moore				Pre-kindergarten/Kindergarten						
Physical Address (str	eet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Elementary 0  Distance from home Elementary 0  Contract is for on Students in Each Grade Leventary Experience	Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 12  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board					KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also cover by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week Deadlines: PARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)				
Contingency Spec. Ed. Contin.						Reinibe	rsement rate is determ 20-10-142, MCA.	inica by		
l										
insured driver will tra 2. In March and June, t transported for the p	s: sport or provide to insport the studer he District shall p ast semester.	ransportation for its. Mileage con ay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportation pproved in the applica	ter referred or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guardia t actually occurs. incipal of the school of the num	an assures that a licensed and other of days the student(s) was		
<ol> <li>This contract shall te</li> </ol>	rminate at the en	d of the school y	ear or when the	student(s) is no longe		chool, whichever occurs first		Date		
Elementary School District Harlowton Elem  Chair, Board of Trustees										
High School District Chair, Board of Trustees Harlowton H S							Date			
			I attest	that the above i	information	is true and correct.				
Signature - Parent or C	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity		
Judith Gap Elen	n					Wheatland		0948		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	ent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						ent Name	School		Grade	
Public Instruction. (10.	·	J	,		Student Name School Grade					
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Student Name School Grade					
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	☐ 2nd Semester Onl	v □ Both Sei	mesters	
Jeff & Ronda Pe	erry					kindergarten/Kinderg	rarten	,		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Sei	mesters	
						DERGARTEN/PREM				
Distance from home to nearest school (one way) Elementary 9.9 HS 0						Kindergarten child rides with other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week  To or from School times per day, days per week				
Distance from home Elementary <b>2.4</b>	e to nearest bu	is stop, if an	y (one way)		Kind	lergarten child ride	times per day, _ s <u>without</u> other schotimes per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days	per week	
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	is contract.		adlines:				
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OBI by July	10 rotain a	
Spec. Ed. Trans						for your files.	DENTS. Send ongina	ar to OFT by July	io, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)			
(county name)				County, hereina	fter referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and	
	, the District shall p					nce reported on the contractication by the teacher or pr	rincipal of the school of the nu	mber of days the stud	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish year or when the	ned in Section 20-10- student(s) is no long	-142, MCA, and t ger enrolled in sc	he information accompany hool, whichever occurs firs	ing this contract. t.			
Elementary School Judith Gap Elem			ard of Truste					Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			Lattee	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		i alles	נ נוומנ נווכ מטטעפ	miomiation	is true and correct.	Date			
<u> </u>										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Responsible for Re	imbursing the C	Contract			County	•	Legal Entity	
Judith Gap Elem					Wheatland		0948	
High School or K-12 District Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shared between ele  ☐ yes ☐ no	ementary and	high schoo	ol?					
Are you applying for isolation statu		□ No		Stud	ent Name	School	G	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	, provides for in	creased rein	nbursement	1				
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans	es must be revi sportation comm	ewed and ap littee, and the	proved by the	Stud	ent Name	School	G	Grade
Public Instruction. (10.7.116 ARM prov	, and the second	ŕ		Student Name School Grade				
Check here only if increased payment of District Trustees and the County Trans	portation Comm	nittee.	proved by the					
	Initia □ no	als 		Stud	ent Name	School	G	Grade
	□ no			THIS CONTRACT IS FOR:				
Parent or Guardian Name: (Please	e Print)				les 1-12 st Semester Only	☐ 2nd Semester Onl	y   Both Semeste	rs
Toni Batten				Pre-	kindergarten/Kinder	rarten		
Physical Address (street address	only):					☐ 2nd Semester Onl	y   Both Semeste	rs
					DERGARTEN/PREM			
Distance from home to nearest sc Elementary <b>7.5</b> HS <b>0</b>	hool (one way	<b>'</b> )		bv tl	nis contract:	es <u>with</u> other school-a	_	
Distance from home to nearest bu	ıs stop, if any	(one way)		Kind	lergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age students:	
•				To o	r from School	times per day, _ times per day, _	days per v days per v	veek
☐ Contract is for one-way only  Students in Each Grade Level - Only include	the students to be	covered by this	s contract.	Dea	ıdlines:			
Pre-K	К	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a copy for	our/
Regular Trans				COL	INTY SUPERINTEN	IDENTS: Send origina	ıl to OPI bv Julv 10. re	etain a
Spec. Ed. Trans					for your files.			
Room & Board						IMBURSEMENT RA		
Correspondence					(For dist	rict, county and OPI	use only)	
Reg.					Dairek		ain a d la	
Contingency Spec. Ed. Contin.					Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by	
Opec. Lu. Contin.								
Agreement between parent (parer	nt name)			, and	school district (distr	rict name)		',
(county name) The parties agree as follows:			County, hereina	fter referred	to as the District(s).			
The parent shall transport or provide t insured driver will transport the studer							ian assures that a licensed a	ınd
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	ay the parent the s	sum officially ap	pproved in the applic	cation upon certif	ication by the teacher or pr	incipal of the school of the nu	mber of days the student(s)	vas
The payment shall be computed on the This contract shall terminate at the enterminate at the enterminat	d of the school yea	ar or when the	student(s) is no long	142, MCA, and t per enrolled in sc	ne information accompany nool, whichever occurs firs	ing tnis contract. t.	I Data	
Elementary School District Judith Gap Elem	Chair, Boar	u ot Trustee	es 				Date	
High School District	Chair, Boar	d of Trustee	es				Date	
		I attest	that the above	information	is true and correct.			
Signature - Parent or Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	MT 59620-	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Respo	Elementary District Responsible for Reimbursing the Contract						<u> </u>	Legal Entity
Judith Gap Elem						Wheatland		0948
High School or K-12 Distr	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Judith Gap H S						Wheatland		0949
Is this contract shared  ☐ yes ☐ no	between ele	ementary an	d high schoo	ol?				
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)						lent Name	School	Grade
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						lent Name	School	Grade
Public Instruction. (10.7.1  Check here only if increas	ed payment d	due to isolation	n has been ap	proved by the	Stud	lent Name	School	Grade
	□ yes □		tials		Stud	lent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	OR:	
Parent or Guardian Na	ıme: (Please	e Print)				st Semester Only	□ 2nd Semester Only	□ Both Semesters
Alvearna Kowalsk Physical Address (stre		only):				kindergarten/Kinderg st Semester Only	garten □ 2nd Semester Only	□ Both Semesters
Distance from home to Elementary 0  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>7.5</b> nearest bus HS <b>7.5</b> -way only	s stop, if any	y (one way)  De covered by thi  1-8  Total	9-12 Total	Mine To co T	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho RENTS: Send original or for your files.  REINTS: REINTEN OF FOR GREEN REINTEN REINTEN OF FOR GREEN REINTEN REINTEN REINTEN REINTEN REINTEN	times per day,times per day,	days per week days per week days per week  1, retain a copy for your  to OPI by July 10, retain a  TE use only)
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be 4. This contract shall terr	port or provide transport the studenth the District shall past semester, computed on the minate at the ence	ansportation for ts. Mileage con ay the parent the e basis of the so d of the school y	the student(s) to tracts are valid o e sum officially al chedule establish year or when the	County, hereinaft o and from the school only when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guardict actually occurs. incipal of the school of the numing this contract.	nber of days the student(s) was
Elementary School Dis Judith Gap Elem	SUICT	,	ard of Truste					Date
High School District Judith Gap H S		Chair, Boa	ard of Trustee	es				Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or Gu	ıardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Co		

	ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Judith Gap Elem	1					Wheatland		0948
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Judith Gap H S						Wheatland		0949
Is this contract share	ed between el	ementary an	d high scho	ol?				
Are you applying for	isolation stat	us? □ Yes	□ No		Church	dent Name	Cahaal	Orada
(If yes, please attach	n explanation)	)	increased rei	mbursement	Stud	ient Name	School	Grade
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade
Check here only if incre District Trustees and th		sportation Com	mittee.	pproved by the	Stud	dent Name	School	Grade
Elem District Approval		□ no	tials		Stud	dent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian I	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	y   Both Semesters
Genesta Luther					Pre-	kindergarten/Kinder	narten	•
Physical Address (st	reet address	only):						y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>14</b> to nearest bu HS <b>3.5</b> ne-way only	us stop, if any	/ (one way)		Kinn by the Took Kinn Took Took Took PAF	his contract: or from Bus Stop_ or from School dergarten child ride or from School adlines: RENTS: Due to Sch ERKS: Send origina .  JNTY SUPERINTEN y for your files.  REA  REA  REA  REA  REA  REA  REA  RE	times per day, tool Clerk June 1.	days per week da
insured driver will tr 2. In March and June, transported for the payment shall l	rs: nsport or provide ansport the stude the District shall p oast semester. be computed on the	transportation for nts. Mileage con pay the parent the ne basis of the so	the student(s) tracts are valid sum officially a	County, hereinal to and from the school only when transportati approved in the applicated in Section 20-10-	fter referred I or bus stop on ion for the dista ation upon certi 142, MCA, and	nce reported on the contra	session. The parent or guard actually occurs. rincipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was
Elementary School I Judith Gap Elem			ard of Truste			,		Date
High School District		Chair, Boa	ard of Truste	ees				Date
Judith Gap H S		<u> </u>	l attes	st that the above	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	

## INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box Helena,	202501 MT 59620	-2501			school Year ue to School	2004- 2005 Clerk June 1		
Elementary District Respo	onsible for Re	eimbursing the	Contract		C	County	<u> </u>	Legal Entity
Judith Gap Elem					V	Wheatland		0948
High School or K-12 Distr	ict Responsit	ole for Reimbur	rsing the Cont	ract		County		Legal Entity
Judith Gap H S					V	Vheatland		0949
Is this contract shared  ☐ yes ☐ no	between el	ementary an	d high schoo	ol?				
Are you applying for is (If yes, please attach e	explanation)	1	□ No		Studer	nt Name	School	Grade
rates for special circumsta increased rates, individua	SOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						School	Grade
Check here only if increase District Trustees and the	ed payment	due to isolatior	n has been ap	proved by the	Studer	nt Name	School	Grade
Elem District Approval	□ yes	Init □ no	tials		Studer	nt Name	School	Grade
	,	□ no				CONTRACT IS FO	PR:	
Parent or Guardian Na	me: (Pleas	e Print)			Grade: □ 1st	s 1-12 Semester Only	□ 2nd Semester On	ly   Both Semesters
Pamela Goettle					Pre-kir	ndergarten/Kinderg	parten	
Physical Address (stre	et address	only):						ly   Both Semesters
Distance from home to Elementary 0  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>7.5</b> nearest but HS <b>3.5</b> way only	ıs stop, if any	(one way)	s contract.  9-12 Total	Kinder by this To or f To or f Kinder To or f To or f To or f Counter CLERI files. COUN	rgarten child ride s contract: rom Bus Stop rom School rgarten child ride rom Bus Stop rom School  Illines: NTS: Due to Scho KS: Send original  TY SUPERINTEN or your files.  RE (For disti	times per day, times per day, s without other scho times per day, times per day, times per day, times per day,	days per week da
insured driver will trans  2. In March and June, the transported for the pas  3. The payment shall be This contract shall terr	port or provide to sport the studer to District shall put to semester. computed on the ninate at the er	rransportation for nts. Mileage conf nay the parent the ne basis of the sc nd of the school y	the student(s) to tracts are valid of e sum officially a hedule establish ear or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longe	fter referred to or bus stop on the ion for the distance ation upon certifica 142, MCA, and the	reported on the contract	session. The parent or guan et actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
Elementary School Dis Judith Gap Elem	outCl	,	rd of Truste					Date
High School District Judith Gap H S		Chair, Boa	rd of Truste	es 				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or Gu	ardian						Date	

Address, City, Zip Code Phone Number

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Judith Gap Elen	n				Wheatlar	nd	0948		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity		
Judith Gap H S					Wheatlar	nd	0949		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for (If yes, please attack			□ No		Student Name	School		Grade	
rates for special circum increased rates, individurustees of the district,	20-10-142, MCA nstances of isola lual circumstand the county trans	A, provides for ation of resider tes must be resportation com	nce. In order to viewed and appropriate the contract of the co	o receive oproved by the	Student Name	School		Grade	
Public Instruction. (10.)  Check here only if incre	·	J	ŕ	aproved by the	Student Name	School		Grade	
District Trustees and th	ne County Trans	portation Con		pproved by the	Student Name	School		Grade	
Elem District Approval HS District Approval	□ yes □	□ no □ no							
County Approval  Parent or Guardian		no			THIS CONTRACT IS FOR: Grades 1-12				
		C i iiit)			□ 1st Semester	Only   2nd Semeste	er Only   Both Semest	ers	
Shawn Gaugler Physical Address (s	treet address	only):			Pre-kindergarten  1st Semester		er Only   Both Semest	ers	
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 12.5 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)	is contract.  9-12 Total	Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due  CLERKS: Send files.  COUNTY SUPER copy for your files	times per column times	day, days per day, days per days per school-age students: day, days per day, days per day, days per day, days per	week week week week	
insured driver will to 2. In March and June, transported for the 3. The payment shall 4. This contract shall Elementary School Judith Gap Elem High School District	vs: nnsport or provide t ransport the studer the District shall p past semester. be computed on th terminate at the er	ransportation for this. Mileage cores the parent the basis of the school	r the student(s) to thracts are valid of e sum officially a chedule establish	County, hereinal o and from the school only when transportati pproved in the applica ned in Section 20-10- student(s) is no longer es	iter referred to as the Distriction or bus stop on the days when son for the distance reported on the distance reported o	chool is in session. The parent of the contract actually occurs, acher or principal of the school of ccompanying this contract.	or guardian assures that a licensed if the number of days the student(s		
Judith Gap H S			1 -4-	t that the steel	information in tors !	orro et			
Signature - Parent or	Guardian		ı attes	i inai the above	information is true and c	Date			
Signature - Larcill Of	Juanunan					Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Res	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Judith Gap Elen	n					Wheatland		0948		
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Judith Gap H S						Wheatland		0949		
ls this contract share □ yes □ no	ed between el	ementary an	d high schoo	ol?						
Are you applying for (If yes, please attack			□ No		Stude	ent Name	School		Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						ent Name	School		Grade	
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the					Stude	Student Name School Grade				
District Trustees and the County Transportation Committee.  Initials  Elem District Approval  yes  no						Student Name School Grade				
HS District Approval County Approval	□ yes □	□ no			THIS CONTRACT IS FOR:					
Parent or Guardian					Grad	es 1-12 t Semester Only	 □ 2nd Semester Only	v □ Both Se	mesters	
Susan Philippi						indergarten/Kinderg	•	,		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters	
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>7.5</b> e to nearest but HS <b>7.5</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by th To or To or Kind To or To or  Dea PARI CLEF files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Scho RKS: Send original  NTY SUPERINTEN for your files.  RE (For disti	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days days ol-age studen days days days days days days days	s per week s per week ts: s per week s per week py for your	
insured driver will to 2. In March and June, transported for the 3. The payment shall	vs: nnsport or provide t ransport the studer the District shall p past semester. be computed on th terminate at the en	ransportation for this. Mileage confusy the parent the basis of the school y Chair, Boa	the student(s) to tracts are valid of sum officially a hedule establish	County, hereinate and from the school only when transportate proved in the applicated in Section 20-10-student(s) is no longes	fter referred to a stop on the distantation of the distantation upon certification.	ce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nui			
			I attes	t that the above	information i	s true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	iox 202501 na, MT 59620	)-2501						
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Judith Gap Elen	n					Wheatland		0948
High School or K-12 D	istrict Responsi	ole for Reimbur	sing the Con	tract		County		Legal Entity
Judith Gap H S	Judith Gap H S							0949
Is this contract share □ yes □ no	ed between e	ementary and	d high scho	ol?				
Are you applying for			□ No		Stud	dent Name	School	Grade
(If yes, please attaction: Section	20-10-142, MC/	A, provides for i						
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade
Check here only if incredit in	eased payment	due to isolation	n has been ap	oproved by the	Stud	dent Name	School	Grade
Elem District Approval	•		ials		Stud	dent Name	School	Grade
HS District Approval County Approval	□ yes	□ no			THI	S CONTRACT IS FO	DR:	
Parent or Guardian					Gra	des 1-12 st Semester Only		v □ Both Semesters
Wendy A. Key						•	•	Dotti Jeiliesteis
Physical Address (s	treet address	only):				<ul><li>kindergarten/Kinder st Semester Only</li></ul>	garten □ 2nd Semester Only	□ Both Semesters
					KIN	DERGARTEN/PREI	KINDERGARTEN:	
Distance from home to nearest school (one way) Elementary 0 HS 9						dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered days per week
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 4.2					To d <b>Kin</b>	or from School dergarten child ride	times per day, _ es without other schoo	days per week  pl-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	e covered by th	is contract.		adlines:	101 1 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RENTS: Due to Sch		v 1, retain a copy for your
Regular Trans					files		IDENTO O I I I I	
Spec. Ed. Trans						y for your files.	IDENIS: Send original	I to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	nici, county and OPI	use only)
Reg.						 Reimb	ursement rate is determ	 lined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
A		-1 )				dbl di-t-i-t / di-t	i - t \	
Agreement betweer	i parent (pare	nt name)					rict name)	,
(county name) The parties agree as follow				•		I to as the District(s).		
insured driver will t	ransport the stude	nts. Mileage cont	racts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.		•		·	the information accompany	·	nber of days the student(s) was
	terminate at the er	nd of the school ye		student(s) is no longe		chool, whichever occurs first		Date
Judith Gap Elem		,						
High School District Judith Gap H S		Chair, Boa	rd of Truste	ees				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	